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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/940,515
Filing Date	04/23/2001
First Named Inventor	JEONG, Ki-Won
AN Uns	2611
Examiner Name	VU, Hsueh K.
Attorney Docket Number	2050-08

I hereby revoke all previous powers of attorney given to the above-identified applicant.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioner associated with the Customer Number:

52706

 Please change the correspondence address for the above-identified applicant to: The address associated with
Customer Number:

52706

OR

First or Individual Name	IPLA P.A.		
Address	3330 Wilshire Blvd., 17th Floor		
City	Los Angeles	State	CA
Country	US		
Telephone	213-637-5628	Email	
I am Applicant/Inventor.			
<input type="checkbox"/> Assignment of record of the entire interest. See 37 CFR 3.71. Assignment order 37 CFR 3.70(a) is enclosed. (Form PTO/SB/09)			
Signature: <i>Ki-Won Jeong</i>			
Name	Ki-Won Jeong		
Date	Aug 8 08	Telephone	

NOTE: If there are multiple assignees or record owners of the same address or their representationality are required. Submit multiple lines. Failure to do so will result in a rejection.

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REVOCA TION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number 09/646,515 Filing Date 04/23/2001 First Named Inventor JEONG, KI-WON Art Unit 2611 Examiner Name VU, Ngoc K. Attorney Docket Number 2000-0-03																									
I hereby revoke all previous powers of attorney given in the above-identified application.																											
<p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p> <p>OR</p> <p><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 52706</p>																											
<p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: 52706</p> <p>OR</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 30%;">Firm or Individual Name:</td> <td colspan="3">IPLA, P.A.</td> </tr> <tr> <td>Address:</td> <td colspan="4">3580 Wilshire Blvd., 17th Floor</td> </tr> <tr> <td>City:</td> <td>Los Angeles</td> <td>State:</td> <td>CA</td> <td>Zip:</td> </tr> <tr> <td>Country:</td> <td colspan="4">US</td> </tr> <tr> <td>Telephone:</td> <td>310-577-9633</td> <td colspan="3"><input type="checkbox"/> Email:</td> </tr> </table>			<input type="checkbox"/>	Firm or Individual Name:	IPLA, P.A.			Address:	3580 Wilshire Blvd., 17th Floor				City:	Los Angeles	State:	CA	Zip:	Country:	US				Telephone:	310-577-9633	<input type="checkbox"/> Email:		
<input type="checkbox"/>	Firm or Individual Name:	IPLA, P.A.																									
Address:	3580 Wilshire Blvd., 17th Floor																										
City:	Los Angeles	State:	CA	Zip:																							
Country:	US																										
Telephone:	310-577-9633	<input type="checkbox"/> Email:																									
<p><input checked="" type="checkbox"/> Applicant/Inventor:</p> <p><input type="checkbox"/> Assignee of record of the entity listed. See 37 CFR 1.71.</p> <p>SEARCHER NUMBER: 00000000000000000000000000000000</p>																											
<p><input type="checkbox"/> I have read the above information and declare under penalty of perjury that it is true and correct.</p> <p><input type="checkbox"/> I am the Inventor(s) or Record(s) of Record of the entity listed on this application and my signature is required. I solemnly swear to the truth of the foregoing.</p> <p><input type="checkbox"/> I am the Attorney of Record for the above Inventor(s) or Record(s) of Record.</p>																											
<p>Name: Jeong, Ki-Won Park</p> <p>Date: 2006-08-08</p> <p>Telephone: (310) 577-9633</p>																											
<p><small>1. I have read the above information and declare under penalty of perjury that it is true and correct. I solemnly swear to the truth of the foregoing.</small></p> <p><small>2. I am the Inventor(s) or Record(s) of Record of the entity listed on this application and my signature is required. I am the Attorney of Record for the above Inventor(s) or Record(s) of Record.</small></p>																											

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Approved for use through 11/30/2028. GSA ECR 09-108 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE PTO-502 (04-08)	
		Application Number	09/240,578
		Filing Date	04/22/2001
		First Named Inventor	JEONG, KI-WON
		Art Unit	2611
		Examiner Name	VU, Ngoc K.
		Attorney Docket Number	2050-06
<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p> <p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p> <p>OR</p> <p><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 52706</p> <p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: 52706</p> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name: IPLA, P.A.</p> <p>Address: 3680 Western Blvd., 17th Floor</p> <p>City: Los Angeles State: CA Zip: 90010</p> <p>Country: US</p> <p>Telephone: 212-457-8653 Email: [redacted]</p> <p>INTEREST:</p> <p><input checked="" type="checkbox"/> Applicant/Inventor.</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.70(b) is enclosed. (Form PTO/SB/96)</p> <p style="text-align: center;">SIGNATURE OF APPLICANT OR INVENTOR OF RECORD</p> <p>Signature: [Signature]</p> <p>Name: JOHN D. LAM</p> <p>Address: [redacted]</p> <p>Telephone: [redacted]</p> <p>Fax: [redacted]</p> <p>Comments: [redacted]</p>			

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